L98000002051

Florida Department of State
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

L & N HOLDINGS, LLC

Certificate of Status	0
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Page Count	01
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #L98000002051

1. Limited Liability Company's Name

L & N Holdings, LLC

2. Principal Office Address	3. Mailing Office Address
1701 E. Atlantic Blvd	same
Suite, Apt. #, etc. #5	Suite, Apt. #, etc. 11
City & State Pompano Beach, FL	City & State
Zip 33060 Country	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 9/30/98

6. FEI Number: 65-0866670 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Nancy Russell McCabe

Street Address (P.O. Box Number is Not Acceptable): 1701 E. Atlantic Blvd #5

Suite, Apt. #, Etc.:

City: Pompano Beach State: FL Zip Code: 33060

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Nancy R. McCabe reg agent. Date: 3/22/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Nancy Russell McCabe	1701 E. Atlantic Blvd	Pompano Bch, FL 33060
MGR	Laurie S. Smith	1701 E. Atlantic Blvd	Pompano Bch, FL 33060

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.405, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Nancy R. McCabe manager Date: 3/22/02 Daytime Phone #: 954 781-1503

Typed or printed name of signing Managing Member/Manager: Nancy Russell McCabe & Laurie S. Smith

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